

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-479)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	/					
2		/				
3						
4	/					
6	/					
6						
7						
8						
9						
10						
11						
12						
13						
14						
16						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
36						
36						
37						
38						
39						
40						
41						
42						
43						
44						
46						
46						
47						
48						
49						
60						
TOTAL IND.	3					
TOTAL DEF.	2					
TOTAL	5					

	IND.	DEF.	IND.	DEF.	IND.	DEF.
61						
62						
63						
64						
66						
66						
67						
68						
69						
69						
69						
69						
70						
71						
72						
73						
74						
76						
76						
77						
78						
79						
80						
81						
82						
83						
84						
86						
86						
87						
88						
89						
90						
91						
92						
93						
94						
96						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEF.						
TOTAL						